Political Committee REPORT OF RECEIPTS AND DISBURSEMENTS Initiative Monthly Report



Evalue of Co	ommittee_wississippians i	or Compassionate C	Care			Secretary of State
AddressF	'O Box 2592			City/State/Zip	Ridgeland MS 3	The state of the s
Telephone	601-460-9431	Fax		Email Address _	ken@medic	almarijuana2020.com
Director	Jamie Grantha	am	Treasurer_		Ken Newburger	
	Check here if above is	different from	previous report			
August	20 <u>20 M</u>	lonthly Report (TYPE OF RE		; month)	Mandatory
Term	ination Report (Commit has no c	ttee will no longe outstanding debt	er accept contributions of obligation and zero casl	or make campaign h on hand balance.	expenditures,	Required to terminate reporting obligations
(\$200.0 (\$200.	0) in the aggregate shall ividual person who on he e of influencing the pass ve-related campaign fin being reported, after a part Campaign finance report ign finance report must cretary of State must be	I file financial re tis or her own ex sage or defeat of ance reports mu political commit orts must contin be filed thirty (i in actual receip e office must be d delivered to 40	eports with the Secreta spends in excess of Tw f a measure must file c just be filed monthly, notice tee or individual excess ue to be filed until all of 30) days following the jot of the required repo in actual receipt of the 01 Mississippi Street,	ary of State. To Hundred Dolla Empaign finance ot later than the te eds the \$200.00 age contributions and election on the in ort by 5:00 p.m. or e report by 5:00 p Jackson, MS; mai	rs (\$200.00) in reports with the tenth day of the ggregate control expenditures it intime the deadline on the firs	the Secretary of State. the month following the ribution or expenditure is cease. In all cases, a lire. If the deadline falls on its working day before the

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$1,380,750.00	\$449.00	\$1,381,199.00	\$2,108,814.82
TOTAL AMT OF DISBURSEMENTS	\$1,259,573.64	\$901.81	\$1,260,475.45	\$1,972,583.85
CASH ON HAND BALANCE				\$215,512.27

I certify that I have examined this report and to the best of my kn	owledge and belief it is true, accurate, and complete.
MAN AND	September 8, 2020
Signature of Director or Treasurer	Date

Authority: Miss. Code Ann. §23-15-801, et seq.

Penalties: Failure to timely submit required reports in accordance with applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for a maximum of ten (10) calendar days and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813.

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Name of Candidate or Committee Mesissippials for Compession Reporting period August 1,2020 through August 3	at Care	
Reporting period August 1, 2020 through August 31	,2020	
ITEMIZED RECEIP	TS	//
A. Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
First Commercial Bank Mailing Address	8/19/20	\$ 800,00000
1300 Mardowbrook Rd		\$
City, State, Zip Code		\$
Name of Employer (Required)		6
	//	\$
Occupation (Required)	Aggregate year-to-date	\$ 800,000°°
B. Source: Corporation OPAC OIndividual CLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name James L Staffod	8 127120	\$ 20,00000
Mailing Address	1 1	\$
PO Box 1216 City, State, Zip Code		<u> </u>
West Point MS 39773 Name of Employer (Required)	· — / — / — /	3
Workins, Ward, and Stafford, CPA		S
Occupation (Required) Partner	Aggregate	\$ 20,000-00
C. Source: Ocorporation OPAC Individual OLoan	year-to-date	
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Angie and Austin Calhoun	8/31/20	\$ 20,00000
Mailing Address PO BOX 368	//	S
City, State, Zip Code	, ,	\$
Pockett MS 39151 Name of Employer (Required)		
- Addit of Employer (Requires)	·/· / · ·	\$
Occupation (Required)	Aggregate year-to-date	\$ 20,00000
D. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Marijuara Leadership Campaign	\$ 119 120	\$ 13,50000
Mailing Address 360 Nucces St. Ste 1107	_/_/_	\$
City, State, Zip Code Acotion Tx 78701		s
Name of Employer (Required)	, ,	0

Occupation (Required)

Aggregate year–to-date

	Page	2 of 4
Name of Candidate or Committee Mississipping for Compose	Sinnale Cave	
Reporting period August 1,2020 through August	st 212020	
ITEMIZED RECEIP	TO	
	15	
A. Source: OCorporation OPAC Individual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
MORML PAC	816 120	\$ 250000
Gity, State, Zip Code	_'_'_	\$
Washington DC 2006 Name of Employer (Retruired)	_'_'_	\$
30 C - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	'	\$
Occupation (Required)	Aggregate year-to-date	\$ 250000
3. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Grost Management Group	8111170	\$ 10,000
41 Discovery	8/17/20	\$ 10,000 no
Irvine CA 92618	'	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 40 00
Sauran Osamantian Onto Oliver O	year-to-date	20,000
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Richard Schwartz	8121120	\$ 10,000000
Mailing Address PO Box 3949		\$
Jackson MS 39207		\$
Name of Employer (Required) Richard Schwartz & Associates, P.A.	_'_'_	\$
Occupation (Required) Principal	Aggregate year-to-date	\$ 30,000
D. Source: OCorporation OPAC VIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Loel Bomgaars	8 128 1 20	\$400,00000
357 Kiowa Dr	817120	\$ 75,000
Madison MS 39110		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$550,000

Namo of Condidate as County	Page	3 of 4
Name of Candidate or Committee Mississippions for Com	possionate Co	P
Reporting period 40gust 1,7020 through Aug	Ust 31,7070	
ITEMIZED RECEIP	TS	
A. Source: Corporation PAC O Individual CLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Gleorge Walker III. Mailing Address	8 125120	\$ 10,0000
PO Box 1729 City, State, Zip Code		\$
Madison MS 30130 Name of Employer (Required)		\$
Heritage Properties		\$
Occupation (Required)	Aggregate year-to-date	\$ 10,0000
B. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Robert Lloyde II	8 128 120	\$ 5000 00
12603 B Torthe Rock		\$
Arstin TX 72279	_'_'_	\$
Abko Laks		\$
Occupation (Required)	Aggregate year-to-date	\$ 500000
C. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Steve Thornton	817120	\$ 250000
Malling Address POBOX 16465 City, State, Zip Code		\$
Jackson MS 39236		\$
Name of Employer (Required)	_1_1_	\$
Occupation (Required) A Horney at Law	Aggregate year-to-date	\$ 500000
D. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Puckley F Lampton Sr	8114120	\$ 100000
502 Natchez Ave		\$
City, State, Zip Code Brookhaven MS 34601		\$
Armstrong Thomas Berry Lameton & McCordle, Pill		\$
Occupation (Required)	Aggregate	\$ 10000

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Name of Candidate or CommitteeMississippians &v CommitteeMississippians &v CommitteeMississippians &v CommitteeMississippians &v CommitteeMississippians &v Committee	om ansai anala	Creva
Reporting period August (, 2020 through Ac	milet 31,7020	
ITEMIZED RECEIP	TO	
	15	
A. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Doe Cloyd Mailing Address	<u>& 1 14 126</u>	\$ 100000
433 Gast Beach Or City, State, Zip Code		\$
Octon Springs Ms 39564 Name of Employer (Required)	_'_'_	\$
Frontier Strategies	_'_'_	\$
Occupation (Required) Real Estate Reveloper & Gout Affairs Consultant	Aggregate year-to-date	\$ 100000
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Paul Kuhn	8127120	\$ 25000
Mailing Address S9 Whitworth Blud		\$
City, State, Zip Code NOShville TN 37205		\$
Name of Employer (Required) Retired		\$
Occupation (Required)	Aggregate year-to-date	\$ 50000
C. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$

NY AGENTS AND		of
Name of Candidate or Committee Mississippians for Com	1 passionate	Care
Reporting period AUGUST 1, 2020 through	August	31, 2020
Reporting period Agost 1,2020 through ITEMIZED DISBURSE	EMENTS	}
Disbursements from contributions accumulated Prior to January 1, 2018 or	On or After Jai	nuary 1, 2018
A. Full name	Date	Amount of each
Damie Grantham	(Mo., Day, Year)	disbursement this period
Malling Address O Box 2592 City, State, Zip Code	8/26/20	\$ 7000°°
Ridgeland MS 39158	_'_'_	\$
Purpose of Disbursement (Optional)	Aggregate	\$ 10 000
Consulting B. Full name	Year-to-date	\$ 49,00000
Bastillian Stategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 80 Annardale Rd	8 17 RO	\$ 880500
Madison MS 39202	8/28/20	s 1000 00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1000 <u>00</u> \$ 58,332 <u>00</u>
C. Full name Maggie Gonker	Date (Mo., Day, Year)	Amount of each disbursement this period
208 Twelve Oaks Trace	8,27,20	\$ 250000
City, State, Zip Code Carrion MS 39646	B112120	\$ 61000
Purpose of Disbursement (Optional) CONSULTING	Aggregate Year-to-date	\$ 22,540 50
D. Full name Katie Elliot	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 2597	6127120	\$ 70833
City, State, Zip Code Ridge and MS 30188 Purpose of Disbursement (Optional)	8/12/20	\$ 131833
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 17,328 10
E. Full name Moore Modia Groop	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address	8/11/20	\$ 874500
City, State, Zip Code CIOHON MS 39060	_/_/_	s
Purpose of Disbursement (Optional) Media (ODSO) HID	Aggregate Year-to-date	\$ 61,370 62
F. Full name Triomph Campains	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 735 North Congress St	8/11/20	\$ 10,00000
City, State, Zip Code Vackson MS 39202		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 10,000

M talcolar C	Page	of
Name of Candidate or Committee Mssissippins for Compossi	onate Care	
Reporting period August 1,2020 through TTEMIZED DISBURSE	August 31,3	2020
TEMIZED DISBURGE	MENTS	1
Pichara DISDURSI	STATEST A T C	,
Disbursements from contributions accumulated Prior to January 1, 2018 or	On or After Ja	nuary 1, 2018
A. Full name	Date	Amount of each
Maria Voler Mailing Address	(Mo., Day, Year)	disbursement this period
PO Box 2592	8/12/20	\$ 1525°C
City, State, Zip Code		
Ridbeland MS 39,158	//	S
Purpose of Bisbursement (Optional)		6 16
Consolfing	Aggregate Year-to-date	\$ 25,331 ⁻²⁵
B. Full name	Date	
(Jina Metzer	(Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		e
914 Abundance Crossing	8/3/70	3800
City, State, Zip Code	, ,	S
Purpose of Disbursement (Optional)		
Rook (Ceeping	Aggregate	\$ 294000
C. Full name	Year-to-date	2710
Marilyn Timin	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
208 Winsmere Way	814120	Imago
City, State, Alb Code		\$
Ridgeland MS 39157	_'_'_	
Purpose of Disbursement (Optional)	Aggregate	\$ (00-
D. Full name	Year-to-date	2000
	Date	Amount of each
Bankare South Mailing Address	(Mo., Day, Year)	disbursement this period
1 Mississippi Plaza	8125120	\$ 504, 111
City, State, Zip Code		
Tupelo MS 20804	8 125 120	\$ 301,333
Purpose of Disbursement (Optional)	Aggregate	\$ 544 744 45
Can Payment	Year-to-date	824,744 95
E. Full name	Date	Amount of each
First Commercial Bank	(Mo., Day, Year)	disbursement this period
Mailing Address 1360 Meath iblook Bd	8 128 120	\$ 101333
City, State, Zip Code		
Jackson MS 391211		\$
Purpose of Disbursement (Optional)		\$ 101033
Loan Payment	Aggregate Year-to-date	1013
F. Full name	Date	Amount of each
Watkins & Eager	(Mo., Day, Year)	disbursement this period
Mailing Address	8/11/20	\$ 10 00000
PO Box 3658		10,000
City, State, Zip Code Oct Keen MS 30/207	1 1	\$
Purpose of Disbursement (Optional)		196
Legal Consulting	Aggregate Year-to-date	\$ 96,585
		I

	Page	5 or U
Name of Candidate or Committee Medical potents for Commission	rate cave	
Name of Candidate or Committee Medish policy Compossion Reporting period Accest 1, 2020 through ITEMIZED DISBURSE	August 31	. 2070
TEMIZED DISDUDGE	TA ALENTING	4
TIEMIZED DISDURSE	SIMILIA I S	
Disbursements from contributions accumulated Prior to January 1, 2018 or	On or After Ja	nuary 1, 2018
A. Full name	Date	Amount of each
Forman, Watkins, & Krutz Mailing Address	(Mo., Day, Year)	disbursement this period
Po Box 22514 City, Sinte, Zip Code	8/11/20	\$ 600000 \$ 200000 \$ 15,50000
City, Sinte, Zip Code	Q 76.70	\$
Purpose of Disbursement (Optional)	8/25/20	2000
A CONTRACTOR OF THE PROPERTY O	Aggregate	\$ 1550,00
B. Full name	Year-to-date	13,300
Jackson New Media	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
PO BOX 55914	8/12/20	\$ 650000
City, State, Zip Code Jackson MS 39296		\$
Purpose of Disbursement (Optional)		\$, 50
advertising	Aggregate Year-to-date	6500
C. Full name	Date	Amount of each
Screen Strategies Media	(Mo., Day, Year)	disbursement this period
11150 Fairfax Blud. Soite SOS	8/31/20	\$ 378,40300
City, State, Zip Code	, ,	\$
Purpose of Disbursement (Ontional)		
	Aggregate Year-to-date	\$ 390,67300
D. Full name The Marthie	Date	Amount of each
The Novenio	(Mo., Day, Year)	disbursement this period
1200 North State St. Suite 100	8 128 120	\$ 42536
City, State, Zip Code		S
Jackson Ms 39202	//	
Purpose of Disbursement (Optional)	Aggregate	\$ 70773
Space (enta)	Year-to-date	101
Eagle Consulting Group	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 301	8/26/20	s 300000
City, State, Zip Code		s
Tishomingo MS 38873	_'_'_	
Purpose of Disbursement (Optional) Consolfing	Aggregate Year-to-date	\$ 10,0000
F. Full name		
Ugaver Golerprises 111	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 207 N Church St	8,26,20	\$ 250000
City, State, Zip Code		\$
Tupelo MS 38804		
Purpose of Disbursement (Optional)	Aggregate	\$ 15 mage
Consolfing	Year-to-date	(),(1)

4 18	Page	4 00 4
Name of Candidate or Committee MESS PROVES for Compossion	note a so	7
through	Acrost 3/2	656
ITEMIZED DISBURSE	MENT	2
Dispursements from contributions accumulated Prior to January 1, 2018 or	Don or After Je) mmanu 1 2010
		The state of the s
State Mint CCG Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
134 Cedar Woods Gove City, State, Zip Code	8128120	\$ 500,00
Modison MS 30110 Purpose of Disbursement (Optional)		\$
fundralising	Aggregate Year-to-date	\$ 28,000
B. Full name Stripe, Inc	Date (Mo., Day, Year)	Amount of each
Mailing Address		disbursement this period
City, State, Zip Code Sty Sty Style SSO	<u>8 B1 120</u>	\$ 19584
San Francisco CA 94107 Purpose of Disbursement (Optional)		S
credit card processing	Aggregate Year-to-date	\$ 3788 68
<u> </u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code	1 /	\$
Purpose of Disbursement (Optional)		
D. Full name	Aggregate Year-to-date	\$
Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
	//_	S
City, State, Zip Code	//	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each
Malling Address	(Mus, Day, Year)	disbursement this period \$
City, State, Zip Code	/ /	\$
Purpose of Disbursement (Optional)		
F. Full name	Aggregate Year-to-date	·\$
	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address		\$
City, State, Zip Code	_/_/_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$